

PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 2870-0177P **FY 2006** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) 10/046,141-Conf. #3642 Filed January 16, 2002 **Application Number** PHOTOTHERMOGRAPHIC MATERIAL Art Unit 1752 Examiner T. Chea This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$450 \$225 450.00 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 \$1080 Five months (37 CFR 1.17(a)(5)) \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 October 2, 2006 Signature Date (703) 205-8000 Marc S. Weiner Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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forms are submitted.

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PTO/SB/17 (07-06)
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Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known					
		7.00.000.00.		10/046,141-Conf. #3642			
		Filing Date	,	January 16, 2002			
		First Named Inv		Tetsuo YAMAGUCHI			
		Examiner Name		Γ. Chea			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1752					
TOTAL AMOUNT OF PAYMENT (\$) 450.0	Attorney Docket No. 2870-0177P						
METHOD OF PAYMENT (check all that apply)							
X Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 02-2448	3 Deposit Acc	ount Name:	Birch, Ste	wart, Kolasch	& Birch, L	LP	
For the above-identified deposit account, the	Director is	hereby authorize	ed to: (chec	k all that apply)			
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underp fee(s) under 37 CFR 1.16 and 1.17	ayment of	x Credit	any overpa	yments			
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION F							
FILING FEES <u>Small Entit</u>	_	ARCH FEES Small Entity	EXAMIN	IATION FEES Small Entity			
Application Type Fee (\$) Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees P	aid (\$)	
Utility 300 150	500	250	200	100			
Design 200 100	100	50	130	65			
Plant 200 100	300	150	160	80			
Reissue 300 150	500	250	600	300			
Provisional 200 100	0	0	0	0			
2. EXCESS CLAIM FEES					Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
otal Claims		<u>Μι</u>	Multiple Dependent Claims				
14 - 20 = 0 x 50.00 =	14 - 20 = 0 x 50.00 = 0.00		Fee	e_(\$) <u> </u>	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.						_	
Indep. Claims Extra Claims Fee (\$)		Paid (\$)					
1 -3 = 0 × 200.00 =		.00					
 HP = highest number of independent claims paid for, if greater to a supervised state of the specification and drawings exceed 100 sheet listings under 37 CFR 1.52(e)), the application sheets or fraction thereof. See 35 U.S.C. 41(a)(e) 	ts of paper (e is \$250 (\$125 f				_	
		dditional 50 or frac	tion thereof	Fee (\$)	Fee P	aid (\$)	
100 = /50 4. OTHER FEE(S)		(round up to a who	le number)	×:	Fees I	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00							
SUBMITTED BY					-		
gnature Registration No. (Attorney/Agent) 32,181				Telephone	(703) 205-8000		
Name (Print/Type) Marc S. Weiner Date October 2, 2006							

